

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38648

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2379

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Valley Park</u>		c. CITY OR TOWN <u>Webster Groves</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>8 wks</u>		e. STREET ADDRESS (If rural, give location) <u>526 E. Swon Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Moll Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>W.</u> c. (Last) <u>Harris</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 24, 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 29, 1885</u>
9. AGE (In years last birthday) <u>71</u>		10. AGE (In years last birthday) <u>71</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Street Dept.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Webster Groves</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Richland, Mo. (Rural)</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Pleasant Harris</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Lulu Hammock Harris</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-01-9867A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lulu Harris 526 E. Swon Ave</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized arteriosclerosis</u> DUE TO (c) <u>senile arteriosclerosis</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>2 yrs.</u> <u>2 months</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331x</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 9/22/57, 1957, to 9/24/57, that I last saw the deceased alive on 9/24, 1957 and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. H. Shick</u>		23b. ADDRESS <u>Kirkwood, Mo.</u>		23c. DATE SIGNED <u>9/24/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-27-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mittelberg Funeral Home Webster Groves, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>9-26-57</u>		REGISTRAR'S SIGNATURE <u>Robert R. Sommers</u>		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mittelberg Funeral Home Webster Groves, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Robert M. Murray

Licensed Embalmer No. *3749*

P. O. Address *St. Louis Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.